State of Colorado Flexplace - Employee Status and Interim Evaluation



A Flexplace status and check-in evaluation should happen as often as needed and may coincide with performance check-in sessions.

This section is to be completed by the employee.

Name:	Department:			
Division:	Work Unit:			
Office Location:	Phone #	Fax #		
Alternate Location:	Phone #	Fax #		
E-mail Address(es):				
Official Class Title:	Appointing Authority:			

- 1. How many days or days per week did you telecommute during this status/evaluation period?
- 2. Did this Flexplace agreement reduce your total number of commute trips to the traditional office?
- 3. How many miles did you save not having to commute for each day telecommuting?
- 4. Have you realized cost savings as a result of the Flexplace arrangement? If so, what is the approximate personal cost savings?
- 5. Did you work different hours on the days that you telecommuted, than you work in the traditional office? If so, please explain.
- 6. Did you adhere to your approved schedule and hours outlined in the Flexplace agreement? If not, please explain.

7. Please indicate the type of work you did	while telecommuting. Check all that apply.			
☐ Researching and evaluating	☐ Analyzing, problem solving, thinking			
☐ Writing and/or editing	☐ Teaching and training			
☐ Calculating and /or tracking	☐ Reading			
☐ Word processing or data entry	☐ Computer programming			
☐ Receiving and responding to email	☐ Field visits/inspections			
☐ Receiving/returning/making telephone	☐ Recordkeeping (hard copy, electronic			
calls	databases)			
☐ Sending/receiving faxes	☐ Administrative and support work			
☐ Attending/conducting meetings	☐ Labor trades and general labor			
☐ Face-to-face contact/interaction	☐ Direct health and client care			
☐ Design, graphics, layout	☐ Law enforcement			
☐ Data Management	☐ Planning and organizing			
☐ Other (specify)				
8. Did you encounter any problems while t				
☐ Equipment or technology (Internet, phone, fax, etc.) failed to work or was slow.				
☐ Communications with supervisor was dif				
☐ Communication with co-workers was diff				
☐ Communication with customers or others was difficult.				
☐ I missed not having colleagues and co-workers nearby.				
☐ I didn't have all the information or resources I needed with me.				
☐ Found it hard to stop working at the designation	<u> </u>			
☐ Found it hard to concentrate, due to distractions at the alternate office.				
☐ Care of children or other dependents caused problems.				
☐ Interruptions from family or others at the home office.				
9. Did you experience any of the following advantages while telecommuting? Check all that				
apply. ☐ Fewer interruptions throughout the day.				
☐ I drove fewer miles in my car that day.☐ My morale and satisfaction with my job has increased.				
☐ I didn't have to dress for the office.				
☐ I was able to get more work done than usual.☐ My stress level was down.				
☐ I could focus my work during hours where I am most effective and energetic.				
☐ I was able to work around my family and personal obligations more effectively.				
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10. Employee Comments:				

EMPLOYEE - STOP HERE

Flexplace - Supervisor Status and Evaluation

This section is to be completed by the telecommuting employee's supervisor.

1.	On the days the employee telecommuted, did he/she communicate with you? Yes No If yes, approximately how often?
	Please indicate the reasons and check all that apply. General work direction or questions Employee needed clarification or information to do work assigned Equipment/technology problems Teleconference Videoconference Requested annual leave Requested sick leave Requested other leave Schedule problems or changes Other (please specify)
	Was the contact through email, telephone, or other medium?
2.	Did you notice any change in productivity during this report period? Please indicate. ☐ No change ☐ Employee was more productive than usual ☐ Employee was less productive than usual
3.	As the supervisor of an employee on a Flexplace arrangement, did you encounter any problems or issues as a result of Flexplace? Check all that apply. Communication with the telecommuter was difficult Scheduling meetings was difficult I received complaints from co-workers I received complaints from colleagues outside the unit I received complaints from customers I can't really tell how much the telecommuter accomplished Employee worked too long while telecommuting Employee wasn't available during the hours scheduled Other (please specify)
4.	Did you experience any advantages? Check all that apply. Another employee was able to use the telecommuter's office space and equipment while at the alternate office Telecommuter was able to work even though he/she or a family member was ill Telecommuter's attitude has changed in a positive manner Telecommuter is using less leave since the arrangement started Other (please specify)

5. Supervisor Comments:					
RECOMMEND:	CONTINUE	DISCONTINUE			
If recommending continuation of Flexplace, list any additional conditions placed on the arrangement.					
If recommending discontinua	ation of Flexplace, list all rea	asons and rationale:			
Supervisor Sig	gnature	Date			
Appointing A	uthority Signature	Date			